## LOBBYIST ANNUAL REPORT FORM



Telephone

Other Expenses or Services

State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

L-2

LOBBYISTS (Sec. 67-6619) Page \_\_\_ of \_\_\_Page(s)
THIS SPACE POR OFFICE USE ONLY

08 FFB -4 PM 3: 25

GALLARY OF STRIK STATE OF IDAHO

(Type or print clearly in black ink) See instructions at bottom of page

250.00

100.00

\$ 509,90

Total

Lobbyist's name and permanent business address Date prepared Period covered year ending Dallas E. Chaney 2/4/08 1524 W. 8th St. (Day) (Mo.) (Yt.)Meridian, ID 83642 31 07 1tcm Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer. Proportionate amounts contributed by each employer (Identify employers, under Category of Expenditure \* Total Amount for Reimbursed Personal Living and Travel Item 3, at bottom of page.) Expenses Pertaining to Lobbying Activity All Employers Do Not Have to be Reported Employer No. 1 Employer No. 2 Employer No. 3 Employer No. 4 Entertainment s 159.90 s 159.90 Food and Refreshment Living Accommodations Advertising Travel 250.00

\*When the number of employers you are reporting for requires multiple L-2 forms to be filed a total amount for all employers should be entered on Page 1.

100.00

s 509.90

The totals of each expenditure of more than fifty dollars (\$50) for a legislator or other holder of public office. Item Names of Legislators & Public Officials in Group 2 Date Amount John "Bert" & Elaine Stevenson 159.90 2/21/07 Mandarin Palace Restaurant Dennis & Luann Lake Jim Patrick Jeff Siddoway Tom Gannon Lee Heinrich Ken Andrus Mack & Shanna Shirley Liz Chavez Donna Pence Brent & Julie Hill Continued on attached page(s)

Item Employer(s) Name(s) and Address(es) INSTRUCTIONS Idaho State Grange No.1 Who should file this form: Any lobbyist registered under Section P.O. Box 367, Meridian, ID 83680-0367 67-6617 Idaho Code. Filing deadline: Annual report is due on January 31st. No.2 TO BE FILED WITH: Ben Ysursa No.3 Secretary of State PO Box 83720 Boise, ID 83720-0080 No.4 Phone: (208) 334-2852 Fax: (208) 334-2282

Item 4	persons	i property to an	y Legislator, or	tor, or for or on behalf of any legislator.					
	Date		mount			Name of Legislator Raceiving	or Bene	Alted	
Item 5	Subject matter of proposed legislation, the number of the Senate or House Bill, Resolution or other legislative activity in which the Lobbyist was supporting or opposing.				LEGISLATIVE SUBJECT IDENTIFICATION  Code Subject Code Subject				
01 07 01 26 07		H 44 H 56a H 58 H130a H 85a		riation Bill Number Section Number	01 02 03 04 05 06	Agriculture, borticulture, farming, and livestock Amusements, games, athletics and sports Banking, finance, credit and investments Children, minors, youth, senior citizens Church and religion	17 18 19 20 21 22	Health service, medicine, drugs and controlled substances, health insurance, hospitals Higher education Housing, construction, codes Insurance (excluding health insurance) Labor, salaries and wages, collective bargaining Law enforcement, courts, judges, crimes, prisons	
01 01 12 30 01 07 07 01		H243 H244 H178a H152 H156 H170 HCR28 S1074 S1136a			OE 09 10 11	conservation, zoning, land and water use Education Elections, campaigns, voting, political parties Equal rights, civil rights, minority affairs Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds Government, county Government, federal	23 24 25 26 27 28	License, permits Liquor Manufacturing, distribution and services Natural resources, forest and forest products, fisheries, mining and mining products Public lands, parks, recreation Social insurance, unemployment insurance, public assistance, workmen's compensation Transportation, highways,	
29 16		S1138 S1172			14	Government, municipal Government, special districts Government, state	30	streets and roads Utilities, communications, televisions, radio, newspaper, power, CATV, gas Other (please specify)	
					9	Lobbyist signature  Lobbyist signature  Lobbyist signature  Lobbyist signature	lang	Date / Date	
					1	Employer No. 2 signature		Date	
		: I boreby certify		s true, complete and	1	Employer No. 3 signature		Date	
					.]	Employer No. 4 signature		Date	